Exact be stated EXACKLY RECORD certificate. PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, Maria 4 COLOR OR RACE BINDING WIDOWED on back OR DIVORCED pinous it may Write the word 6 DATE OF BIRTH instructions that CE K (Month) (Day) 7 AGE 80 supplied WITH UNFADING INK-THIS terms MARGIN RESERVED plain ter nt. See I **B** OCCUPATION (a) Trade, profession or particular kind of work be carefully EATH In plai (b) General nature of industry Important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country ation should CAUSE OF D 10 NAME OF FATHER <u>0</u> 11 BIRTHPLACE PARENTS OF FATHER information ATION (State or country) 12 MAIDEN NAME OF MOTHER state OCCUP 13 BIRTHPLACE OF MOTHER (State or Country) Every item of CIANS should statement of

PLACE OF DEATH

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82-0

(Year) If LESS tha

I day hr

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

c.	137 15	(If dea

th occurred in a hospital or institution, give its NAME it stend of street and

4	number.)
-	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Mar 14, 1932
-	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  March 13 1 1937 to Ward 14 1937, 1937, that I last saw head alive on world 13 1 1927,
n s.	and that death occurred on the date stated above, at 5.70 R. m. The CAUSE OF DEATH * was as follows:
	apoflery-benhal
-	Contributory Secondary
-	(Signed) (Signed) (Address) Super Sun
-	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
-	At place of death
	Former or usual residence.
	Easter Md Mas 16, 1932
	James a Sporte Carton Ma

If more blanks are needed, addre. s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precion anne, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." gearbplic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 Come

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material Never return "Laborer, ""Foreman, ""Manager," "Dealer," etc., without more precise specification as Day Form laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the ployed, as At school, or At home. Care should be taken For persons who have no occupation tion applies to each and every person, irrespective of the first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neceshousehold only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, Houseor At Home, and children, not gainfully emto report specifically the occupations of persons enstate occupation at beginning of illness. If retired from Statement of Occupation-Precise statement of occupation is very im; ortant, so that the relative health-The ques-For many occupations a single word or term on Locomotive engineer, Civil engineer. Stationary freman, etc. But in many should le used only when needed. As examples: (a) worked on may form part of the second statement. gaged in donce-tic service for wages, as Servont, Cook, If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. business, that fact may be indicated thus; Furmer (refulness of various pursuits can be known. Architect, Physician, Compositor, whatever, write None. Housemaid, etc. (a) Foreman, irs). Jaborer,

Statement of Cause of Death—Name, first, the Diserse Ease Cattsing Death (the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Corchospinal fener (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphthoria avoid use of "Croup"); Typhoid fener never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopned ("Pneumonia");

atic), "Atrophy, Comapor,
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Transtion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus, Our age, "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions," "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. carbolic acid-probobly suicide. The n.ture of the injury, death Cunqualified, is indefinite; Tuberculosis of lungs, menfname origin; "Cancer" is less definite; avoid etc. The contributory (secondar, or intercurrent) affection need not be causing death), 29 ds.; Bronchopneumonia (secondary), Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomtaken. FOR VIOLENT DEATHS state MEANS OF INJURY occident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, telonus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway troindiseases resulting from childbirth or miscarriage (Recommendations on statement of cause of State cause for which surgical operation was on Nomenclature stated unless important. Example: Measles Whooping cough; Chronic valeular heart Chronic interstilial nephrilis, etc. The con use of "Tumor" for malignant neoplasms); "Exhaustion," "Heart failure, "Old Age," American Medical Association.) by Committee approved Chronic

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Fallot	Registration Dist. No.
Village or City Cardova (1)	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. it of foreign birth?yrsntos, d
2. FULL NAME Garroll & Trining	illa
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Walle  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  March  (Month)  (Dey)  (Year)
5a. If married, widowed, or divorced HUSBAND of Collect May Buusfield (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 18. — 1932, to march 6, 1932
Decent 1882	I last sew him elive on 7 el 2/6, 19.32; deeth is sa
6. DATE OF BIRTH (month, day, and year) YMME / / 8 0 7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at / ( Bm,
49 9 - 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Auruld SAWYER, BOOKKEPER, etc.	metral ansufficiency
Sindustry or business in which	Maral amy fillener
work was done, es SILK MILL, SAW MILL, BANK, etc	- Company 111
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Jalbot Co	
(State or country) md.	-
13. NAME Solomon Dunsfield  14. BIRTHPLACE (city or town). Fallot Co	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of
	What test confirmed diagnosis? 220 Was there an autopsy?
7-01-2	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT & L'Collison	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Spung Hell Cur Date May 9 , 193 Z	Manner of injury
19. UNDERTAKER Mauries Ellewann & Son	24. Was disease er Injury In any way related to occupation of deceased?
20. FILED 3/7 , 19. 3. 2 , L. Gaidne Registrar.	(Signed) Saata 2nd
If more blanks are needed address State Registrar	2411 N Charles Street Relaimore Persecting 7) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

4 1/4/20 >	Example I	- no-servey	Example II	
The principal cause of death and rolltod causes pat of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 1 1922	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	his 10-1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURTAT V.	July5,1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1PLACE	OF	DEATH
County 70	l	est

CERTIFICATE OF DEATH

(12 n	Dist. No.
illage or City St. Muchiels (No. St.: Ward	i) (If death occurred in a hospital or institu-
2FULL NAME Martha J. 18 riseo	stead of street and number.)

s NAME instreet and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE WIDOWED. OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Address 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. RENT (State or country) 12 MAIDEN NAME 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER ....yrs.......ds. of death ... (State or Country) Where was disease contracted, if not at place of death?. usual residence (Informant DATE OF BURIAL 20 UNDERTAKER

If more bianks are needed, address State Registrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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BINDING

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Loconolive engineer, Civil engineer, Stationory firemon, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Parmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., or At Home, and children, not gainfully em For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy (a) the kind of work and also (b) the (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature as fracture of skull, and consequences (e. accident; Revolver wound of head-homicide; l'oisoned by .telanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondar/ or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. Then ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condi use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway troin Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc., "Dropsy, haustion," "Heart failure," "Haemorrhage," Chronic valvular etc. The Always qualify all heort disease; contributory

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B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Vally	Registration Dist. No. 290
Village or City (If Length of residence in city or town where death occurred yers mos.	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds How long in U.S. N of foreign birth?yrsmosds.
2. FULL NAME Prehand H. Br	when
(a) Residence: No. / 3 / Hammond (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Harol 14 , 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Many Leve Brooks	22. I HEREBY CERTIFY, That I attended deceased from  18. 1932, to June 16. 1932.
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,	I last saw how alive on MAN 19 1932; death is said to have occurred on the date stated above, at 11 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	3/10/32
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place 2 ACM MW. Date 3/17 ,1932	Manner of injury
19. UNDERTAKER  (Address)  20. FILED 3/16  19. 1932  19. UNDERTAKER  (Address)  Registrar.	24. Was disease er injury in any way related to occupation of deceased? 220  If so, specify  (Signed)  (Address) & and have the first the second of the seco

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	101 405 05 05 154511	03182	
	PLACE OF DEATH	STATE OF MARYLAND	
	County, County	CERTIFICATE OF DEATH	
		(46) Registration Dist. No. 290.	
	Village or City Mar Can Noors Price	a hospital or instition, give its NAME	itu
	2FULL NAME STATE OF THE STATE O	stead of strest a number.)	inc
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	
	or DIVORCED	Mas 24 , 19252	
	6 DATE OF BIRTH	(Month) (Day) (Year).  17  HEREBY CERTIFY, That Lattended the deceased from	
5	Philips of Sixty	Teh 240 1932 10 horas 24 1 193	د
	(Moath) (Day) (Year)	that I last saw her alive on Man 24th , 193	6
	7 AGE . [If LESS than	and that death occurred on the date stated above, at	m
	6 8 11 mg 15 de la min	The CAUSE OF DEATH * was as follows:	
	B OCCUPATION	aremia	
	(a) Trade, profession or particular kind of work	A	
I	(b) General nature of industry	Carsinoma, parmary no stornach ento	
	business, or establishment in which employed or (employer)	(Durstion) vrs. mos t	ds
	9 BIRTHPLACE	Contributory Carcument of Kidney lite	2_
	(State or country) Jalbot los MA	I Thomeson (Duration) yrs. By mos. I	de
	FATHER COLORAL LA CA	(Signed) Color 13. Types M.	D
	o 11 BIRTHPLACE	mas 4 4 1932 (Address) Elestin, Fred	
	(State or country) Salbot los Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
	of Mother Lames Conall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training in the Property of the Property	ns
	13 BIRTHPLACE OF MOTHER OF MOTHER	At place of death yrs mos. ds, State yrs mos.	.ds
	(State or Country) James 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	
	A THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or	
	(Informant) amma It Humst	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
	(Address) Coarton and	Coxford And Mar 25, 193	2
	15 2/2 1 29 N.Sl Mo.	20 UNDERTAKER ADDRESS	
-	Filed 3/7 4 1982 1/N. //Punus Registrar	James a Spence Carton Ma	1
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

en at home, fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more parent -- Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of whatever, write None. to report household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, especially in industrial employments, it is neces-For many occupations, a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation Stationary freman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy" "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE	OF D	EAT	Н	
County 7	ell	ol		

63183

# STATE OF MARYLAND CERTIFICATE OF DEATH

82-a

Registration Dist. No. 290

Village or City Reet Casion (No	St.: Ward) (If death occurred i a hospital or institution, give its NAME it stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Max /8 , 1984.  (Month) (Day) (Year)
G DATE OF BIRTH  June 29  (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That 1 attended the deceased from
TAGE    If LESS than     day hrs.   or min.?	and that death occurred on the date stated above, at Q m The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Callo Stlesson
10 NAME OF FATHER Hattraill Sannow  11 BIRTHPLACE OF FATHER  (State or country) Valto 100 Mid	(Signed)
OF MOTHER CONVINU Calrup,  13 BIRTHPLACE OF MOTHER (State or Country) Falfor Cos Mid  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents)  At place of death yrs ds. State yrs ds. Where was disease contracted, if not at place of death?  Former or residence
(Informant) Min George Taninger	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Caneer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature and consequences (e. g., sepsis, Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (3184
1. PLACE OF DEATH	
County Julian	Registration Dist. No. 290
Village or City Caston	No Smelegency Haspital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmos,ds.
2. FÜLL NAME Tetus Capeiro	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 8, 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from 3-/X- 1932 to 3-/8- 1932
6. DATE OF BIRTH (month, day, and year) March 18, 1932	I last saw h un alive on Stell som 19 ; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, atm.
Selel - Bow Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Stellborn
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	***************************************
work was done, as StLK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end year)	
Sa tau	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	July or w
13. NAME Veto Guthany Caperio	
13. NAME Veto (Inthony Capeno)  14. BIRTHPLACE (city or town)	Name of operation. Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Mary Hathell  16. BIRTHPLACE (city or town) Sastang  (State or country)	23. If death was due to externet ceuses (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town) Baston	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur? (Specification town, county and State)
17. INFORMANT AND LANGE CASES	Specify whether injury occurred in INDUSTRY, in HUME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 31 2	Manner of Injury
Place actor Date 18 ,192	Neture of Injury
19, UNDERTAKER & Margarery Hospital	24. Was disease or Injury In any way releted to occupation of deceased?
(Address) Easton	If so, specify
20 FILED 3/19, 1934 77 H. Neurus	(Signed) for the following M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU W.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

1. PLACE OF DEATH

STATE OF	MARY	'LAND-	CERTIFICATE OF DEATH	3185
loot 1	-		Registration Dist. No. 25	14
( ilghman	- JEhr	me) (II	NDSt.,St.questinated in a hospital or institution, give its NAME instead of street and no	Ward
in city or town where deeth	occurred	mung r	ds. How long In U.S. if of foreign birth?yrsmos	s ds.
D. Tilghr	nan (Usual place of	abode)	St., Ward.  If nonresident give city or town and S	State
AND STATISTICA	L PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
		(write the word)	21. DATE OF DEATH (Month) (Day)	193 2 (Yeer)
divorcad			22. I HEREBY CERTIFY. That I alrended of	eceased from
n, day, and year)	14		2 10 2	; death is said
Months	Days	If LESS than  1 day,hrs.  ormin.	to have occurred on the data stetad above, at	
or perticular one, es SPtNNER, KKEEPER, etc.	sterm		Ortera Schoon	Date of onset
ess in which , as SILK MILL, NK, etc		,	Serile Demesti	24/2
t worked et (month and	11. Total tim spent occup	ne (yeers) in this action	Other Contributory Canses of importance:	
own) / Klg/V	man	Hand !		
or town)			Neme af operation Dete of	
(y)			Whet test confirmed diagnosis? Was there en au	itopsy?
er town)			23. If deeth wes due to externet causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	
non de	haich	Jane Jane Jane Jane Jane Jane Jane Jane	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE.
Much Vac	ate Ma	12195	Menner of Injury	
n man	hall	w	24. Was disease or injury In eny wey related to occupation of deceased?	no
2,1932 91	Jack	Registrar.	(Signed) (Address) Tulglands Mo	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

		Example II	
ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
APR 8 1937	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
BURRAU V.	July 5,1927	Peritonitis	3 days ago
*			
of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	ows:	ath and related causes Date of onset lows:  1915 1921 BURRAU V. July 5, 1927  of importance:	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  BULLAU V. July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

1. PLACE OF DEATH	40
County Valler	Registration Dist. No. 391
Village or City  Length of residence in city or town where death occurred 81 yrs. 2 mo	NoSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  sI gds. How tong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME George addin Goo	hei
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 9- 1937 (Month) (Day) (Yoar)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) See 18-1850	l lest saw h ative on 19 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs.  or min.	to have occurred on the date stated above, at 19m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decased last worked at this occupation (month and t	arteus-aclerosco: ?
year) occupation occup	Other Contributory Causes of importance:  Heart Failure het 7-3:
13. NAME SELECT COOPER  14. BIRTHPLACE (city or town) Salest Co.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Oliva are Votto  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place New Supple Date Nucl 10 - , 1931	Manner of injury
19. UNDERTAKER WE human For (Address)  20. FILED Met 1, 1934 Josephan	24. Was disease or Injury in any wey related to occupation of deceesed? 24.  If so, specify (Signed) M. D. D. M. D. M. D. D. D. M. D. D. D. M. D. D. M. D. D. M. D. D. M. D. D. D. M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employeo," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis *	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

If more blanks are needed, address State Registrar, 2411 N. Charles Speet, Baltimore, Requesting V. S. No. 1.

(Year)

Date of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURYAU V. 8.			
Other contributory causes of importance:	•	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAN	D-CERTIFICATE OF DEATH 03188
County valbor	Registration Dist. No. 292
Village or City Near Graffe	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmos, ds
2. FULL NAME Charles Delahar	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (WITH the w	
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and yaer) Chur 1885	last saw h   aliva on   19   daath is said
7. AGE Years Months Deys If LESS 1 day	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importence
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaasad last workad at this occupation (month and work)  11. Total time (years) spant in this occupation occupation	Exprane : Grozen
12. BIRTHPLACE (city or town) Falbot 60. (State or country)	Othar Contributory Canses of importanca:
13. NAME Surge a Welshay	A
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Orometo August Date of Next 9-3  What test confirmed diagnosis? Was there an autopsy? My
15. MAIDEN NAME Volet toular	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Volet Storulau  16. BIRTHPLACE (city of town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT Disolet touglan Ri (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Wass Susper Date Wel!	Manner of Injury
19. UNDERTAKER WE Grewnam From (Address)	24. Wes disaase or injury In any way ralated to occupation of decaased? 15 o, specify 16 ook Registral M. (Signation of the Control of the Co
20. FILED het 9. 1937 Torest affaire	(Signed) M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURDAU V. S.	July 5,1927	Peritonitis	3 days ago
	- 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AN	A	I	C	(	[	]	5	5	7	Y	1	I	F	)	ĺ	)	Z	)	3	B	,	5	5	I	V	N	1	Đ	I	[	1	V	I	Ċ.	3	ľ	I	-	1	1	A	i	1	ľ	I	1	7	7	),	7	7	7	7	),	7	7	7	7	1	1	1	1	I	Γ	ľ	ľ	ľ	ľ	٦.	٦.	٦,	٦,	٦,	٦,	٦,	1	1	١.	٦,	٦,	٦,	٦,	٦,	٦.	٦.	٦.	٦.	٦.	1	1	1	٦.	٦.	7	1	1	7	7	1	1	1	1	7	7	1	1	1	1	,	,	,	,	,	4	d	i	ž	É	É	A	1	١	١	١	1	1	1		,		1	1	1	1	1
A	A	I	C	(	I	]	5	5	1	Y	1	I	F	)	ĺ	)	Z	)	3	B	,	5	5	I	V	N	1	Đ	I	[	1	V	I	Ċ.	3	ľ	I	-	1	1	A	i	1	ľ	I	1	7	7	),	7	7	7	7	),	7	7	7	7	1	1	1	1	I	Γ	ľ	ľ	ľ	ľ	٦.	٦.	٦,	٦,	٦,	٦,	٦,	1	1	١.	٦,	٦,	٦,	٦,	٦,	٦.	٦.	٦.	٦.	٦.	1	1	1	٦.	٦.	7	1	1	7	7	1	1	1	1	7	7	1	1	1	1	,	,	,	,	,	4	d	i	ž	É	É	A	1	١	١	١	1	1	1		,		1	1	1	1	1


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Cerebral hemorrhage	BUKKAU V.S.	July 5,1927	Peritonitis	3 days ago
		1.0		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones	A	May 1,1923	Gastroenteritis	1 year
	·			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	The first transfer	
	4	
	4, 82	•

### LAE ALL CERTIFIED COPIES OUT IN LONGHAND.

THERE ARE THREE WORDS IN THE CAUSE OF DEATH WHICH CANNOT BE READ BY ANYONE IN THIS BUREAU (NOR DR. ROHRER) - "General debility - had been sick with - for a week before I saw her - Grip, the immediate cause of death"

See correspondence under TRIPPE and Cilar and Lee, January and February, 1933. Dr. Trippe could not read it (sent him a longhand copy very similar)

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Cerebral hemorrhage	BURRAU V. S.	July 5,1927	Peritonitis	3 days ago
	of manager and the same assessment as a supplication			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	- VP			

If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting U. S. No. 1.

193.3

Date of onset

Was there an aulopsy?

S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	å			
Other contributory causes of importance:		Other contributory causes of importance:	B. 131	
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

69100

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Valbot	Registration Dist. No. 29/
Village or City of michaels	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME George W. Hackins	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nouresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Narch  (North)  (Day)  (Year)
5a. If married, widowed, or divorced Married HUSBAND of Corr. WHEE of Comme U. Thanking	22. I HEREBY CERTIFY. That I attended decessed from Dec 28 1931 to How 16 1932
1000 May 1000 1000 1000 1000 1000 1000 1000 10	I lest saw h. see elive on Man 15 1932; death is said
6. DATE OF BIRTH (month, day, and year) // AV. 3 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 43 m,
62 2 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Waturnan	Brights Disease
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	75 4 P X
Kind of work done, es SPINNER, Waturvauv  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Milral pessare
12. BIRTHPLACE (city or town) Many land	Other Coutributory Causes of importance:
13. NAME Yes a. Naclaria	
14. BIRTHPLACE (city or town) Mary land	Name of operation
(State of country)	Whet test confirmed diagnosis? Wes there an autopsy? //C
# 15. MAIDEN NAME Lyca Riedont	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Train Riedont  16. BIRTHPLACE (city or town) Mary land  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Pray Stacking (Address) St. michaela med	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Wichaela Date Man, 19, 1932	Nature of injury
19. UNDERTAKER Human + Transcor	24. Was disease or Injury in any way releted to occupation of deceased? No.
20. FILED meh 18, 1932 John Hervalel	(Signed) Thulap Brookly ofwa M. D.
Total Registrar.	(Address) To Muchalla, Ma

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Cerebral hemorrhage AUV	S July 5,1927	Peritonitis	3 days ago	
***				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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APR 6 1002			
Other contributory causes of importance: S.		Other contributory causes of importance:	
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	CIA	N
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Steven S. Hickmans age is given on the haspital records, las 70 with a grestion mark. The date of birth as given one by the undertaken who obtained it from the family is: Oct. 27, 1874 n. I. neere

0 100 10

BINDING

RESERVED

MARGIN

(Year)

(Day)

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BURTAU			
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 290 pluods Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS vrs. mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence is city or town where death occurred statement RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowad, or divorced HUSBAND of I HEREBY CERTIFY. That I attended decaased from 22. 10 Mesos Le aliva on Man 4 6. DATE OF BIRTH (month, day, and year) certificate properly to have occurred on the data stated above, at 430-4 m. 7. AGE Months If LESS than Yaars Davs 1 day. ....-hrs. The PRINCIPAL CAUSE OF DEATH and ralatad causas of Importance or \_\_\_\_min. ware as tollows: Date of onset 8. Trada, profassion, or particular 1820 OCCUPATION kind of work done, as SPINNER. be be Jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which plnods work was done, as SILK MII SAW MILL, BANK, etc ... 10 Data deceased last worked et 11. Total tima (yeers) this occupation (month and spent in this that yaar) - Reveral occupation ... instructions Other Contributory Causes of Importence 08 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14 BIRTHPLACE (city or town) Data of .... plain (State or country) What test confirmed diagnosis? .. Was there an eutopsy?... MOTHER 15. MAIDEN NAME important, 23. If death was due to axternal causes (VIOLENCE) fill in elso the following: DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE. should OF 18. BURIAL, CREMATION, OR Manner of injury CAUSE mation Nature of Injury LION 24. Wes diseese or Injury In eny way ralated to occupation of dacaasad? 19. UNDERTAKER (Addiess) If so, specify \_\_\_ (Signed) 20, FILED 3

BINDING

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR F	URTHER ST	ATEMENTS	BY 1	PHYSICIAN
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PLACE OF DEATH County Talliot	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Easton (No. Ene	Registration Dist. No. 290  (If death occurred In a hospital or institution, give its NAME in stead of street encounter.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal White (Winds on Boll)  Single, Married, Single, Winds on Divorced (Write the word)	16 DATE OF DEATH 9N CAL (6, 19232.  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h La alive on Man. 16 , 1923
7 AGE    If LESS than   I day hrs.   or min.	and that death occurred on the date stated above, at 3.55 P.m. The CAUSE OF DEATH * was as follows:
a OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry	Sutaural Obscess:
business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Wastor Letter Programmes 3 Ade
10 NAME OF FATHER PUBLIS 9. Kemp	(Signed) 71 Salue M. D.
Z (State or country) Goldsbooo, hed.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- iente or Recent Residents)  At place of deathyrsmosds.  Where wes disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usuel residence.
(Address) Goldshara, Ma.	Succes by Ord 3/20/37,9
15 Filed 3/8 1982- M.S. Meenes	29 UNDERTAKER awlengs Lucy hoo
If more bienks are needed, address State Registrat	, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Civil engineer, whatever, write None. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. "PUERPERAL seplicaemia," "PUERPERAL perilonitis," "Uraemia, ""Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condietc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN RESERVED

V. S. No.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 6 1132	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RIPETAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYL CERTIFICATE OF DEATH Registration Dist. No. perly classificate. (If death occurred in Ward) a hospital or institution, give its NAME in stead of street and number.) prope PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 0 MARRIED. 90 back WIDOWED! OR DIVORCED may hould Write the word) (Month) (Day) (Year)..... 6 DATE OF BIRT I HEREBY CERTIFY. That I attended the deceased from that Instruction (Month) (Day) (Year) 7 AGE IIf LESS than 80 and that death occurred on the date stated above, at I day hrs. The CAUSE OF-DEATH \* was as follows: supplied 0 terms ds. or min.? See S BIOCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in 므 rta (Duration) which employed or (employer) I mpo Contributory 9 BIRTHPLACE Secondary (State or country) DO M A TO 10 NAME OF (Signed).. Ü Sho (Address) 11 BIRTHPLACE OF FATHER S HZ \*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAUS (State or country) ш 12 MAIDEN NAME D: 4 4 OF MOTHER 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transtote SU.2 ients or Recent Residents) CC 13 BIRTHPLACE At plane In the OF MOTHER WO of death vrs. mos. ds. (State or Country) 00 Where was disease contracted, Ino it not at place of dea h?.... of 14 THE ABOVE IS TRUE KNOWLEDGE Former or statement Sh usual readence ..... (Informant) Every (Address) 20 UNDERTAKER If more banks are needed, addres Ltate Registrar, 15 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanantly filed.

approved by Committee on (clanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorinage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) If this certificate is looked over thoroughly and all questions American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. affection need not be valvular heart disease; Nomenclature The contributory Measles ;

r, PHYSI- ed. Exact	PLACE OF DEATH County Tallott	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 29/
EXACTL iy ciassifi ficate.	Village or City Colabornuno	St: Ward) (If death occurred in a hospital or institution, give its NAME it stead of street and number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	Male White SINGLE, Widowed OR BIVORCED (Write the word)	16 DATE OF DEATH Mar 7 , 1932
s on	6 DATE OF BIRTH  Jon 15  (Month) (Day) (Tear)	17 I HEREBY CERTIFY, That I attended the deceased from 150 to Man 7, 1952 that I last saw half slive on Man 7, 1953
pplied. ACE erms so that	7 AGE  7 Jyrs. / mos. 2 / ds.   If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at 12 PMm. The CAUSE OF DEATH * was as follows:
uily su piain t nt. Se	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 2 yrs
d be caref DEATH in y importa	9 BIRTHPLACE (State or country)  Talkot L. 60	Contributory Secondary  Dupation  To mos
should E OF D	FATHER William & Louis	(Signed) M. D. M. D. Mar 8 1952 (Address) St Mischael
mation e CAUS	OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  Caroline  Skinner	*State the Uiscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of informalid state	13 BIRTHPLACE OF MOTHER (State or Country) Talbett les Did  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
S shoument o	(Informant) . Louise Phowe	Former or usual residence
CIAN State	(Address) Colarbone Mide  Filed Mile 8 1927 2 John Hervales	St Ullehals Mich & , 1932 20 UNDERTAKER ADDRESS
N N	Local Registrat	, 16 N. Saratoga St., Balto., Requesting V. S. No. 1.
	with modern addition and modern	

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

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FOR

MARGIN RESERVED

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Salfat	CERTIFICATE OF DEATH
Village or City Mc Daniel (No.	Registration Dist. No. 2.9/4  St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME & Quilin MI	Daniel tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	OS DATE OF DEATH Wester 9, 1982  (Month) (Day) (Year)
S DATE OF BIRTH  Jewe 2 , 1870  (Month) (Day) (Year)	THEREBY CERTIFY, That I attended the deceased from  1922 to Leave 1932  that I last saw has alive on Leave 7, 1932
7 AGE 6 yrs. 9 mos. 6 ds. or min.?	and that death occurred on the data stated above, at \$45 A m. The CAUSE OF DEATH * was as follows:  [
8 OCCUPATION (a) Trade, profession or particular kind of work	Corchal Yeurtmay.
(b) General nature of industry business, or establishment in	(Durstion) 7 yrs. mos. ds.
which employed or (employer)	Contributory Guesal Australia
10 NAME OF Suple of Harrison	(Signed) (Durstion) yrs 3 mos do (Signed) (Address) M. D.  7 / M. D.
OF FATER (State or country)  12 MAIDEN NAME  OF FATER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Varale Commey	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Manylene	At place In the of death yrs mos ds. State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Weelow Gater	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mc Jamp pref	It muhach mel Manh 12, 198
Filed march 1/ 19932 Mg. Vitor S. Porter Registrar	J. W Marshalf & Muchul
If more bianks are needed, addrais State Registrat	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton null; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. Housemaid, etc. If the occupation has been changed first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebraed term for the same disease. Examples: Cerebrospiza Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respec-Statement of Cause of Death-Name, first, the Dis pneumonia, Bronchopneumonia ("Pneumonia,

> .(Recommendations on statement of cause of death use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age, ""Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

HYSI-Exact

	PLACE OF DEATH	STATE OF MARYLAND
	County Pallot	CERTIFICATE OF DEATH
	or 11	Registration Dist. No.
Vi	illage or City Napple (No.	St.: Ward) (If death occurred in a hospital or institu- tion, got its NAME in- stead of street and
	2FULL NAME Henriella M.	Restricte number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED: OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 1922— (Month), (Day), (Year)
6	DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
	Jan > , 1863	The mon 1929 to March 1933
_	(Month) (Day) (Year)	that I last saw held alive on Wall Gra, 193 2,
7	AGE    If LESS than	
	69 yrs. 2 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8	OCCUPATION	1.
1	(a) Trade, profession or shoot tacher	and
	b) General nature of industry	
E	ousiness, or establishment in	(Duration) Q yrs. mos ds.
-	which employed or (employer)	Contributory Julymary anderva
9 1	(State or country) Tables. Seld	Secondary (Durstion) yrs mos, ds,
	10 NAME OF 1 / M M	(Signed) Telliam D. Sugarous M. D.
	FATHER. Damuel & Alerrick,	March 9 1982 (Address) Lagher Tue
S	11 BIRTHPLACE OF FATHER	
ENT	(State or country) Salbot KOZ	*State the Disease Causing Death, br, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
AR	OF MOTHER Way As Boland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
D.	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER OF A	At place In the of death yrs mos ds. State yrs ds.
- 1	(State or Country) / alt of 100 Mich	Where was disease contracted, if not at place of dea.h?
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
	(Informant) Alles anna & Merry ck	Former or usual residence
	(moman)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Iropha Kill	Earlow Md Mar 4, 1932
15	50 Mar 7 122 On 10 P.	20 UNDERTAKER ADDRESS
	Filed MDv. 1 192) L Boo. V. U. Registrar	Imme al prense Carton find
=	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

63203

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully emer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi letanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY resulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	F MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH		
County falled		Registration Dist. No. 290
Village or City Constant		(If death occurred in a hospital or insulvition, give its NAME instead of street and number)
Length of residence in city or town where de	eath occurredyrs,	mosds. How long in U. S. if of foraign birth?yrsmosds.
2. FULL NAME Fetre	a Plialla	
	1 2 1 2 1 2 2 2 3	St., Ward.
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 7 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED	
$=$ $\mathbb{I}$	OR DIVORCED write the word	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	/	
(or) WIFE of		22. I HEREBY CERTIFY, That I attended daceased from
h.	0	
6. DATE OF BIRTH (month, day, end year) / C. 7. AGE Years Months	Days   II LESS tha	
7. AGE Tears WORKINS	1 day,	
	ormin,	ware es follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER,		7/8/3
SAWYER, BOOKKEEPER, etc.		Quant
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date daceased last worked at this corruption (month and		(sortiones) por received
10 Pate daceased last worked at	11. Total time (years) spant in this	
this occupation (month and year)	spant in this occupation	
12 DIDTUDI ACE (eith or town)		Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	md	
II 13. NAME Longa Phi	Ilina	
¥ 7.	e de la companya della companya dell	Kore -
14. BIRTHPLACE (city of town). (Stete or country)	duland	Name of operation Date of
	2 411 10	What test confirmed diegnosis? Was there en wlopsy?
15. MAIDEN NAME Pauline 16. BIRTHPLACE (city or town)	Serlina Meive	
0 16. BIRTHPLACE (city or town)	umore	Accident, sulcida, or homicide? Date af Injury, 19
(State or country)	arysana.	Whare did Injury occur? (Specify city or town, county and Stata)
17. INFORMANT / p. Janline	· Offillyes	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) June 110	rightand.	
Place 2 CL DAG	Date 3/1- 13	7 Menner of injury
riace S	41	Nature of injury
19. UNDERTAKER - & mergle	very Storpital	24. Was disease er injury in any way ralated to occupation of deceased?
(Addrass) —	los !	If so, spacily
20, FILED 3 1 19 3 2 Y	Jy. Yeiner	(Signad) M. (
	Registrat	
If more	blanks are needed, address State Regis	trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run aver by street car	1 week aga		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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	4	fo
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ກໍ		m -
V. B. No. 1		CIANS should state CAUSE OF DEATH In plain terms so that it may be
		-

PLACE OF DEATH	STATE OF MARYLAND
County Jalby	CERTIFICATE OF DEATH
Village or City Inaphl (No	Registration Dist. No. 27  St.: Ward) (If death occurred in a hospital or institution, givenite NAME in
2FULL NAME Philemesu K	stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 23 (1932) (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1929. to March, 1982.  that I last saw hours alive on Nov. 27 7 4. 1932.
7 AGE  Obout 66 yrs. V mos. ds. or min.?	and that death occurred on the date stated above, at 2.300 m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Mys Car ditts
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs. 8 mos. ds.
10 NAME OF Peny Rokes	(Signed) Syllian D. Seymon M. D.
OF FATHER  (State or country)  State of country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Margarel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) alberta Cakes	usual residence
(Address) Snoppe, 15	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Nache Md May 28, 193 2
15 Filed Mel 11' 1927 Joseffartoso	20 UNDERTIAKER ADDRESS
If more blanks are needed, address State Registrar	Maurie & Muricus D. Frappe , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If there promes the meeting address every refriction	7

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmen state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons enlaborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed -Coul mine, etc. (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital s; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. chopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REAU

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis R 0 1322	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURMAU V.S.				
\\				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8.1

PLACE OF DEATH County Talk T	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 290
Village or City Near Castano.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME anie Scott	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mar 2 4 , 1923 2 , (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1922. to March 28, 1932
(Month) (Day) (Year)	that I last saw he alive on Mesalt 18 , 1927,
7 AGE  Obout 62 grand I day hrs.  yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or House wife	- I The steel was
(b) General nature of industry Dusiness, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Queename Colle	Contributory Secondary  A (Durstion) yrs mos ds.
10 NAME OF FATHER QUILBOROWN	(Signed) Faymand M. D.
OF FATHER  (State or country)	*State the Discase Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER UNASHOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the of deathyrsmosds.
(State or Country) / Werver 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) anthony Oyers	Former or usual residence
(Address) Easten Kld	Larin Lehael Ma Mar 32 1922
15 Filed 3/29 182 M. S. Meries	20 UN DERTAKER DE Skence Enston Ild
If more branks are needed, address State Registrar	. 16 V. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many ,, etc., report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway traincarbolic acid—probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. or as probably such, if impossible to determine definitely, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart disease; terstitial nephritis, etc. The contributory or intercurrent) affection need not be ass important. Example: Measles (disease

If this certificate is looked over thoroughly and all qu stions unswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

PLACE OF DEATH STATE OF MARYLANI CERTIFICATE OF DEATH County Jal Registration Dist. No. 290 (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED, Married 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED Write the word) (Month) .....(Day) 1 HEREBY CERTIFY. That Lattended the deceased 6 DATE OF BIRTH (Month) (Day) IIf LESS than 7 AGE and that death occurred on the date stated above, at . I. I day hrs. The CAUSE OF DEATH \* was as follows: or min.? (a) Trade, profession or particular kind of work a (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) wetion) 10 NAME OF FATHER 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER Z CAU (State or country) 0 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 1 ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... (State or Country) Where was disesse contracted, if not at place of dea.h?.... Former or usual residence Filed W. Saratoga St., Baito., Requesting V. S. No. 1. If more bianks are needed, address State Registrar,

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

should additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealuner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a be used only when needed. As examples: (a) Compositor, Architect, Locomotive engineer, For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic valvular heart disease; and consequences (e.g., sepsis, ," "Coma, etc. The contributory ," "Convulsions,

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MARGIN RESERVED FOR BINDING

	TAIL	IN MINK	ILAND	CERTIFICATE	OF DEAT	H 6294	0.0
PLACE OF DEA	TH/			15		004	00
County Jan	Wot				Registration Di	st. No. 291	
Village or City	Traffe	4	(I	ND.  f death occurred in a hospital or institu	ition, give its NAME i	St.,	number)
Length of residence in c	city or town where o	leath occurred.	yrs mo	ds. How long in U.S. if o	of foreign birth?	yrsm	osds
FULL NAME	urjaris	TE La	elley				
(a) Residence: No.		(Usual place	of shode)	St., Ward.	If nonzesident ai	ve city or town and	State
PERSONAL AN	ND STATIST			MEDICAL C			Jaic
X 4. COLO	OR OR RACE	5. SINGLE, MAR	RIED, WIDOWED.	21. DATE OF DEATH	march	3ath	, 193
married, widowed, or div	orced	- 11				(Day)	(Year)
(or) WIFE of W	Chornes	Juller	V	22. OF THEREBY	CERTIFY		decaased from
TE OF RIPTH (month de	w and veer Ma	uch 7	1868	Hast saw h W alive on	march ?	30 - 1932	: death is sale
E Yaars	Months	Days	if LESS than	to have occurred on the date state	ed above, at g	2.m.	.,
64		23	1 day, hrs.	The PRINCIPAL CAUSE OF DEAT	TH and related causes	of Importance	1-
8. Trada, profession, or p kind of work done,	articular , as SPINNER,	touse .	wife	8 H. +	10000		Date of onset
9 Maustry or business in	n which			Outhernor	a con zeu	7	1034
work was done, as	SILK MILL, 4					usy.	140
			nt in this		f <sup>a</sup> , h		-
year)		OC0	upation 4 4 9 5	Other Contributory Causes of impo	ortance:		
		× P 4					37
11200	1			- Ourse	lad	puce vi	37
	-1	11. 2 1	_				
4. BIRTHPLACE (city or to (State or country)	own)	viii.c	0				
5. MAIDEN NAME &	aral E	Low	send.				
	own) Zal	Hot (	٥				
(State or country)	. ~/	00		Where did injury occur?	(Specify city or to	wn. county and Stat	(e)
(Address)	ory L	alley	A	Specify whether injury occurred in	n INDUSTRY, in HOMI	, or in PUBLIC PL	ACE.
1	REMDVAL .	No d		Manner of injury			
Placa Wundy	HILL	Date Date	106 / 1932	Natura of injury			
NDERTAKER Mair	vis 6)	Lune	my 95 m	24. Wes disease or Injury in any w	ay related to occupati	on of deceased?	ho
(Address)		marke	- will	if so, specify			
	Village or City  Length of residence in or  FULL NAME  (a) Residence: No.  PERSONAL AN  X  A. COLL  Married, widowed, or div HUSBAND of (or) WIFE of  TE OF BIRTH (month, da  E Yaars  6  8. Trada, profession, or p kind of work done SAWYER, BDDKKE  9. Maustry or business i work was done, as  WORK WAS done, as  WORK WAS done, as  SAW MILL, BANK,  O. Data deceased last wo this occupation (month) (State or country)  3. NAME  W  4. BIRTHPLACE (city or t (State or country)  5. MAIDEN NAME  6. BIRTHPLACE (city or t (State or country)  IFDRMANT  (Address)  URIAL, CREMATION, OR Placa	Village or City Draffe Length of residence in city or town where of FULL NAME May May (a) Residence: No.  PERSONAL AND STATIST:  X  A. COLOR OR RACE Wall  Married, widowed, or divorced HUSBAND of (or) WIFE of Drafe  Yaars Months  G. Yaars Months  G. Yaars Months  G. Yaars Months  G. Wall, BARK, etc.  9. Maystry or business in which work was done, as SPINNER, SAWYER, BDDKKEPER, etc.  9. Maystry or business in which work was done, as SPINNER, SAWYER, BDRKEEPER, etc.  9. Maystry or business in which work was done, as SPINNER, SAWYER, BDRKEEPER, etc.  9. Maystry or business in which work was done, as SPINNER, SAWYER, BDRKEEPER, etc.  9. Maystry or business in which work was done, as SPINNER, SAWYER, BDRKEEPER, etc.  9. Maystry or business in which work was done, as SPINNER, SAWYER, BDRKEEPER, etc.  9. Maystry or business in which work was done, as SPINNER, SAWYER, BDRKEEPER, etc.  9. Maystry or business in which work was done, as SPINNER, SAWYER, BDRKEEPER, etc.  9. Maystry or business in which work was done, as SPINNER, SAWYER, BDRKEEPER, etc.  9. Maystry or business in which work was done, as SPINNER, SAWYER, BDRKEEPER, etc.  9. Maystry or business in which work was done, as SPINNER, SAWYER, BDRKEEPER, etc.  9. Maystry or business in which work was done, as SPINNER, SAWYER, BDRKEEPER, etc.  9. 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Total time (years) this occupation (month and year)  IRTHPLACE (city or town)  (State or country)  3. NAME Was done, as SLK MILL, Called the Concupation of	Village of City. Draffe.  (A death occurred in a horpital or instituted in the state of the stat	County Fall of State of City Fraght (If death occurred in a hospital or institution, give its NAME; death or residence in city or town where death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in a hospital or institution, give its NAME; death occurred in Institution	County Fell of Start Centrol of Start Country  Village of City Fraffic  Village of City Fraffic  Indeed occurred in a hospital or institution, give it NAME instead of street and described in a hospital or institution, give it NAME instead of street and described in a hospital or institution, give it NAME instead of street and described in a hospital or institution, give it NAME instead of street and described in a hospital or institution, give it NAME instead of street and described in a hospital or institution, give it NAME instead of street and described in a hospital or institution, give it NAME instead of street and described in a hospital or institution, give it NAME instead of street and described in a hospital or institution, give it NAME instead of street and described in a hospital or institution, give it NAME instituted of street and described in a hospital or institution, give it NAME instituted of street and described in the street of street and described in the street of the street

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	11 ADD 5 1432	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DITENTED TO S.	July 5, 1927	Peritonitis	3 days ago
		}		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FO	OR FUR	THER ST	<b>CATEMENTS</b>	BY	PHYSICIAN
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V. S. No. 1

PLACE OF DEATH	U3210 STATE OF MARYLAND
County Jakk	CERTIFICATE OF DEATH
0 - 1	Registration Dist. No. 290
Village of City Caston (No	St.: Ward) (If death occurred in a hospital or institution, give Its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernal While Single, MARRIED Wildows.  Ternal While (Write the word)	16 DATE OF DEATH HOW S - 1982 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw he delive on flores 14., 1932
7 AGE  7 yrs. 7 mos. 10 ds. lf LESS the l day he or min	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	of merselis
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)ds
9 BIRTHPLACE (State or country) Falt T Cor	Contributory Secondary  (Ducation)  yrs
10 NAME OF FATHER GEORGE W Jarbuss	(Signer) UM (Address) Capton Ded
Z (State or country) Tallbot 200	*State the Placase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother (Mary & Newma	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Talkot, Lo	At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Addresa) Easton M. A.	Easton Md Mar 19, 1932
15 Filed 3/16 182 7 J. Marian Registrar	James a Spence Easton Md
If more blanks are needed, address State Regist	rar, 19 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, to report Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-home, who are engaged in the duties of the specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the or intercurrent) affection need not be ss important. Example: Measles (disease Measles ;

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RURIAU

V. S.

V. S. No. 1

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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03211

1. PLACE OF DEATH  County Tallot	Registration Dist. No. 293,		
Village or City Near Cordove	ND. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth?		
(a) Residence: No. Londova — Ond (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5. If married widowed as diversed.			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) March 1-193	22. I HEREBY CERT1FY, That I attended deceased fro		
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS th.  1 day,  ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance		
Sawyer Booksteper etc.   Sawyer Bookkeeper etc.   Sawyer etc.   S	opened its eyes oner and had a lot of mucus of the Contributory Cases of importance:  Other Contributory Cases of importance:  Other Contributory Cases of importance:  Months		
13. NAME Reuten Showas  14. BIRTHPLACE (city or town) (State or country)  Md	Name of operation		
15. MAIDEN NAME Elsie May Harris  16. BIRTHPLACE (city or town) (State or country)  17. tNFDRMANT Reuben Thomas (Address)	23. If death was due to externat causes (VIOL ENCE) filt in also the following:  Accident, suicide, or homicide?		
18. BURTAL, CREMATION, DR REMOVAL Place Newtown Date 3/3 ,193	Manner of injury		
19. UNDERTAKER Rufen Thomas  (Address) Condow Md.  20. FILED 3/2 - 1932 g. L. Gardun  Resistra	24. Was disease or injury in any way retated to occupation of deceased?  If so, specify  (Signed)  J. L. Jardner Regular		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	li.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ADD 1 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURPAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day Jaborer, Farm Jaborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the tion applies to each and every person, irrespective of For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (re-For persons who have no occupation cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesgaged in domestic service for wages, as Servant, Cook, Statement of Occupation-Precise statement of oc-(b) Automobile factory. The whatever, write None. (a) Foreman, irs ..

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cordinospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria, avoid use of "Group"); Typhoid fever never report "Typhoid Pheumonia"); Lobar preumonia, Bronchopneus (a ("Pheumonia,")

APR 5 1932 BURSAU V.S.

inges, perilonueum, etc., Carcinomu, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease Always qualify all diseases resulting from childbirth or miscarriage as Example: Measles (disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. carbolic acid-probably sweide. The n. ture of the injury, (Recommendations on statement of cause of death unqualified, is indefinite; Tuberculosis of lungs, menaffection need not be causing death), 29 ds.; Bronchopneumonia (secondary), State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJULY accident; Revolver wound of head-homicide: Poisoned by etc. The contributory "Marasmus," "Old Age," "Shock," as fracture of skull, and consequences (e. g., sepsis, cdanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility", ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Inaemorrhage," "Inanition," "Marasmus," "Old Age." "Shack." Examples: Accidental drowning; Struck by railway train "PUERPERAL septicaemia," "PUERPERAL perilonitis. approved by Committee on Nomenclature Chronic valvular heart can be ascertained as the cause. American Medical Association.) (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, stated unless important.

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURZAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	
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### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage .	July 5,1927	Peritonilis	3 days ago
7 V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	347
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Vallot	CERTIFICATE OF DEATH
**************************************	
2. 6.2.51.05	Registration Dist. No. 29/
Village or City Near St. Michaeles  2FULL NAME Savah E. Willey	St: Ward) (If death occurred in a hospital or institu-
0 1 8 1.7.	tion, give its NAME is stead of street and
2FULL NAME Sarah E. Willey	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 7
Female White OR DIVORCED	March 2/ , 1022
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Sept 10th, 1857	1927 to March 3 195
(Month) (Day) (Year)	that I last saw hely alive on well 19
7 AGE If LESS than	and that death occurred on the date stated above, at 2 m,
75 yrs. 6 mos. 21 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	mensus fur
(a) Trade, profession or particular kind of work	***************************************
Ab) General nature of industry	
business, or establishment in	(Duration) vrs. mos de
which employed or (employer)	Contributory Lungel astherin
9 BIRTHPLACE (State or country) 7, 10, L. P.	Secondary
10 NAME OF	(Duration) yrs mos. ds.
FATHER Charles Thanks	(Signed) M. D.
II BIRTHPLACE	2/3 102 (Address) William lud
OF FATHER  Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
E 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Sarah E. Carek	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or Country) Vallot To.	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Edw & Willey	Former or usual residence
(Informant) 6 600 C C C C C C C C C C C C C C C C C	49 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) & Mighaell Ho	Af michaele Med april 2 . 32
15 cd 4 . 29 / A 24	20 UNDERTAKER ADDRESS
Filed Effel 1 1925 L John Mwales Registrar	70 -11 1 02 11 11
	Mewnamy Harrage St. Michael
If more blanks are needed, address State Registrar.	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statcment. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enwhatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name órigin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

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1. PLACE OF DEATH	<u> </u>
County albor	Registration Dist. No. 247
	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred \$2 yrsmos	s. ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME & Nata Lorde So	erol Katherne)
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH  March 3/sl  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from march 212 1924 to March 300 1932
6. DATE OF BIRTH (month, day, and year) 3/25/46 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 6 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work done as SPINNER. SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month amy year)  12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)  13. NAME His Lockos His Open (State or country)  14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Class of Living (Address)	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Source Sarran Date 44/2/35, 19	Manner of injury
19. UNDERTAKER Sum G. J. Source .  (Address)  Tatta Sum G.	24. Was disease er injury in any way related to occupation of deceased? 24.  If so, specify  (Signed)
20. FILED Registrar.	(Address) State med.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street ear  July 5,1927 Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	03217
901.1-	STATE OF MARYLAND
County Fally	CERTIFICATE OF DEATH
2 1-	Registration Dist. No. 270
Village or City (saslon (No. 6 me	rgency Tospital Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAN A COLOR OR RACE SSINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED	16 DATE OF DEATH March 8, 1932
I lake   Write the word)	(Month) (Day) (Year)
March 5, 1865	17 I HEREBY CERTIFY, That I attended the deceased from Max 8 1922. to Mary 8 , 1922
(Month) (Day) (Year)	that I last saw h Malive on March 8, 1932
7 AGE If LESS that I day hre	. The CAUSE OF DEATH * was as follows:
B OCCUPATION ds. or min.	
(a) Trade, profession or particular kind of work	Julistana Officialione
(b) General nature of industry	Carettonia Jane
business, or establishment in which employed or (employer)	(Duration)mosda
9 BIRTHPLACE (State or country) of Michaela. Ma	Contributory Secondary (Durstiop) yrs mos ds
10 NAME OF PATHER PAREN Mewell	(Signed) W My D
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Matilda Jakk	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) If Michaels, Md.	At place of death yrs mos. The de State yrs mos de
TO Al. m. Al	if not at place of death?
(Informant) Nomas Oliver Marchaell Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Musch 11th 32
15 Filed 3/10 1932 n.K/ Neurus	20 UNDERTAKER ADDRESS
Registrar	Mewnam + Tharreon If michaele n
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Salesman, Locomolive engineer, (6) Grocery;

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> "(Exhaustion," "Heart lanue,
> "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; etc. The contributory

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